

This Certificate is to be completed and signed by parent or guardian within five days before the respective camp opens. This form MUST BE BROUGHT TO CAMP with the camper. Parents are responsible for calling the health needs to the attention of the camp. A physician may fill in this form if the parents wish.

Campers Name _____ (Nick Name) _____ Age ____ M F

Home address _____ Height _____ Weight _____

City/State/Zip _____ Phone (____) _____

Mom's Name _____ Dad's Name _____

Parent's Work Phone (____) _____ Emergency Phone (____) _____

Campers Physician _____ Phone (____) _____

ALLERGIES: (Include any where there is a known history and include what the reactions are)

Medication (List): _____

Foods (List): _____

Contact—Bee Sting, Poison Ivy, etc. (List) _____

Respiratory—Hay Fever, Asthma, etc. (List) _____

Other (Be specific): _____

Immunizations: All Campers Must Have Had a Tetanus Shot Within the Last 10 Years,

Date of Last Tetanus Shot: _____ Immunizations Current YES NO, If No, why _____

Has there been any recent exposure to a contagious disease? NO YES If Yes, what _____

Health History: (Circle all that apply)

Chronic Respiratory Infection?	Yes	No	Fainting?	Yes	No
Heart Weakness?	Yes	No	Constipation?	Yes	No
Asthma: Exercise?	Yes	No	Bed Wetting?	Yes	No
Seizures?	Yes	No	Sleepwalking?	Yes	No
Allergy?	Yes	No	Stomach Upsets?	Yes	No
Athlete's Foot	Yes	No	Emotional Upsets?	Yes	No
Menstrual Problems?	Yes	No			

Other? (List) _____

How are the above problems best handled? _____

List any RESTRICTIONS to activities: _____

First time camper? YES NO How might we best handle homesickness? _____

Any other information that will help insure the safety and comfort of this camper? _____

Date and nature of last illness: _____

List all medications to be taken on the back of this form. Include medications we might carry in stock such as TYLENOL, ADVIL, BENADRYL, STOMACH REMEDIES, ETC.

Emergency Information:

IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be contacted, I hereby give permission to the physician selected by the camp director or site manager to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of parent or guardian: _____

Emergency contact other than the one listed above: Name _____ Phone (____) _____

Name of Insurance Company under which camper is covered _____

Policy # _____ Company Phone _____

Please complete reverse side of this form

MEDICATIONS AUTHORIZATION AND RELEASE

Camper's

Name _____ ALLERGIES: _____

REGULARLY SCHEDULED MEDICATIONS

Name of Medication _____ Dosage _____

Times to be taken _____

(Please note if dosage changes occur with times given)

Name of Medication _____

Times to be taken _____ Dosage _____

Name of Medication _____

Times to be taken _____ Dosage _____

Name of Medication _____

Times to be taken _____ Dosage _____

All Medications (with the exception of inhalers for severe Asthma) will be kept by the camp nurse and distributed to the camper at the proper times. (Except Sr. High Campers.) All Narcotic Medications will be kept by the nurse.

Listed below are some medications commonly kept in stock. Please cross out any medications you DO NOT WISH YOUR CHILD TO RECEIVE. No medication may be given without signed consent of parent or guardian.

Tylenol/Acetaminophen

Advil/Ibuprofen

Sudaphed/Pseudoephedrine (decongestant)

Benadryl/Diphenhydramine (Antihistamine)

Donnagel (Anti-diarrheal)

Calcium Antacid Tablets

Chloraseptic Lozenges or Spray (sore throat)

Maalox

Due to the increased risk of Reye's Syndrome with the use of aspirin, we will not dispense any aspirin or medications with aspirin-like compounds such as Pepto-Bismol.

Parent or legal guardian releases Evansville District United Methodist Church of any legal liability resulting from the above medications.

Date: _____ Signature: _____